

ISSUE SLIP STATION AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>ML</i>		<i>06/01/01</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>6/11</i>
FORMALITY REVIEW	<i>S.A</i>	<i>1082</i>	<i>07/25/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final Original	
1	<i>1-3/8/03</i>
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Claim	Date
Final Original	
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*10/24/01*  
*6/12*